

Basics

DLM External Review Panel Survey

Please tell us about yourself and your interest in participating as an External Review Panel member. Thank you!

ontact Information					
First na	ame				
Last Na	ame				
E-mail	Address				
Preferr	red Phone Number				
Full Ma	ailing Address				
	Street Address 1				
	Street Address 2				
	City				

Experience

What is your current role?

Classroom TeacherDistrict Staff

Homebound Teacher

Instructional Coach

Other

Community Member

Please adjust the bars to indicate your years of p-12 educational experience in each of the following areas.

	0	5	10	15	20	25	30	35	40	45	50
ELA											
Math											
Students with Significant Cognitive Disabilities											
p-12 Education Overall											

Which of the following types of students with disabilities have you taught in the past ten years? (Mark all that apply)

Blind/Low Vision

Deaf/Hard of Hearing

Emotional DisabilityMild Cognitive Disability

Multiple Disabilities

Orthopedic Impairment

Other Health Impairment

Severe Cognitive Disability

Specific Learning Disability

Speech Impairment

Traumatic Brain Injury

None of the Above

n grade(s) did you teach in :	2012-1	3 or w	ill you 1	teach i	n 2013 -1	4?					
Kindergarten						Grade	7				
Grade 1					Grade	8					
Grade 2						Grade	9				
Grade 3						Grade	10				
Grade 4						Grade	11				
Grade 5						Grade	12				
Grade 6						None					
nany years of experience o	do you	have t	teachin	gat th	nese gra	ide lev	rels?				
	0	5	10	15	20	25	30	35	40	45	50
Years of Experience											
Yes No	e with	a revi	ew pro	cess fo	r anoth	er larg	e-scale	assess	ment (l	oias/ser	nsitivity, co
many years of experience of ? None	do you	have v	with Al	ternate	Assess	ments	based (on Alte	rnate A	chieve	ment Stan
less than 1 year 1-5 years											

Content

11+ years

Please list all licensures/certifications you hold in your content area.

	/

Please check all of the following statements that apply to you:

- I have/had a leadership role in curriculum planning in my school or district.
- I have/had a leadership role in special education in my school or district.
- I have worked on my state's alternate assessment (e.g., scoring, range finding).
- I have written items for a statewide assessment.

Demographics

What is your gender?

- Male
- Female

What is your ethnicity?

- Hispanic/Latino
- Non-Hispanic/Latino

What is your race? (choose one or more)

- White
- Black/African-American
- Asian
- American Indian/Alaska Native
- Native Hawaiian/Other Pacific Islander

What state do you work in?



soon.

Which best describes the population density in your school?

	Rural (population living outside settleSuburban (an outlying residential areUrban (city of 50,000 inhabitants or	rea of a city of 2,000-49,000 or more inhabitants)
Comr	mitment	
	Reviewing testlets will require a significant improve our plans.	t time commitment on each reviewer's part. Your thoughtful responses will
		uire 1-2 hours of your time. We also expect to sprinkle the review throughout the round time of 2 weeks or less. Based on this information
	How many rounds of review will you comm	uit to?
	0 rounds of reviews	6 rounds of reviews
	1 round of reviews	7 rounds of reviews
	2 rounds of reviews	8 rounds of reviews
	3 rounds of reviews	9 rounds of reviews
	4 rounds of reviews	10 or more rounds of reviews
	5 rounds of reviews	
	I have access to a computer where I can vie	ew secure test materials confidenitally.
	Yes	
	O No	
	Some review panelists may be invited to payou be able to participate in a 1-hour online	articipate in an online discussion about items that need revision. If invited, will e discussion?
	Yes	
	No	
Closii	ng	

Thank you for completing the survey. DLM will notify volunteers who have been selected to serve on External Review Panels